

What Research Guides the HIV Response in Papua, Indonesia?



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A recent announcement by the head of Papua's provincial health department about plans to build [a special HIV/AIDS hospital in Jayapura](#) raised several red flags for local HIV activists and health workers. Local leaders such as Joram Yogobi, the Director of Yukemdi Peduli AIDS — a Papuan-led HIV NGO based in the central highlands — had previously heard nothing of this plan. Yogobi's reaction was likely echoed by others: a hospital exclusively for HIV clients was tantamount to segregation, and the vast amount of money needed to build and operate a new hospital would be better spent improving existing facilities, services, and human resources. Given that there is compelling historical evidence against the use of single-disease hospitals (Rothman and Tynan 1990), and that global health policy is promoting the integration of HIV services into primary health care and/or decentralising service provision (Gilks et al. 2006), this *In Brief* considers what research, if any, informs the HIV response in Papua, and suggests that a local, collaborative research base providing specific, grounded evidence is needed to guide HIV interventions.

In Tanah Papua,¹ rates of HIV infection are increasing faster than elsewhere in the region, with almost three per cent of the population testing HIV positive in [the government's 2006 integrated bio-behavioural surveillance survey](#). However, under-reporting has pushed scholars to argue for more realistic estimates of five to seven per cent of the adult population (Rees and Silove 2007). Although Tanah Papua makes up just over one per cent of Indonesia's population, 15 per cent of Indonesia's recorded HIV/AIDS cases occur there. [As of March 2014, the provincial AIDS commission office in Papua tallied around 25,059 HIV and AIDS cases, with another 4169 cases recorded in West Papua province](#). Among indigenous Papuans, HIV prevalence is almost twice as high as among Indonesian migrants to the province.

Indonesia's response to mounting evidence of an epidemic in Tanah Papua has been delayed. Whereas only around 10 per cent of people needing antiretroviral therapy in Indonesia are actually

receiving medications, estimates are considerably lower in Papua. Although HIV in Tanah Papua is prevalent among the general population, HIV prevention and treatment strategies in Papua replicate initiatives in place in the rest of Indonesia, where HIV is concentrated among intravenous drug users, sex workers, and men who have sex with men. This approach has resulted in programs derived from international models and practices with little modification, and therefore is largely ineffective (Munro and Butt 2012).

Compounding the lack of HIV service provision is a limited research base to guide HIV prevention and control efforts. The 2006 integrated bio-behavioural surveillance survey appears to be the main evidence base for current approaches. A review of Indonesia's HIV research conducted prior to 2012 suggests that despite epidemic levels, HIV in Papua has not been a priority among Indonesia's premier research institutions (Munro and Butt 2012). For example, researchers from the University of Indonesia's Centre for Health Research, based in Jakarta, have conducted just two studies on Papua. [Indonesia HIV/AIDS Research Inventory 1995–2009](#) records four studies (out of a total of 78) explicitly concerned with Papua, and all were authored by Indonesians. An HIV Research Centre established at Atma Jaya Catholic University in 2010 has yet to produce any research pertaining to Tanah Papua.

Although Papua has not ranked high within Indonesia's HIV research priorities, research on sexuality, culture, and HIV in Papua has been conducted by Papuan scholars since the late 1990s. A review of 62 studies representing Papua's HIV/AIDS research up to May 2012 (Munro and Butt 2012) demonstrated that one-third were authored by indigenous Papuans, and that research carried out by Papuans is frequently qualitative. Thematically, Papua's HIV/AIDS studies are concerned with exploring local understandings of sexual behaviour and risk, and asking questions about how political and economic inequalities contribute to the epidemic. This body of research demonstrates that qualitative research deserves a place in Tanah

Papua's HIV response, particularly as it leverages the skills and expertise of Papuan researchers.

Over a decade ago, a multi-sited study of Papuan sexuality and HIV risk recommended that attention to cultural specificity and local understandings play a primary role in shaping HIV education and treatment programs (Butt et al. 2002). Several studies have affirmed these recommendations (Simonin et al. 2011; Munro 2014). Qualitative research by Papuans would contribute substantially towards this goal, but, so far, this research has not been taken up by government or donors in any systematic or co-ordinated fashion. This oversight relates to the fact that government agencies have yet to define or articulate an HIV research agenda for Papua.

Research conducted by foreigners also has a minimal role in informing the HIV response in Tanah Papua. Foreign researchers are constrained from working Tanah Papua, where it is notoriously difficult if not impossible to secure a research permit. These limitations hamper the development of collaborative research partnerships and curtail the contributions that externally funded research could make in Tanah Papua.

The [latest evaluation](#) by the Indonesian National AIDS Commission concluded that policy responses and programs to combat HIV/AIDS in Indonesia have been scattered and poorly aligned. As a result, 2013 saw the establishment of the Indonesia AIDS Policy Network and several other initiatives related to HIV/AIDS policy and programming stemming from a collaboration between Australia's Department of Foreign Affairs and Trade (DFAT), the Centre for Health Management at Gadjah Mada University, and other stakeholders. Two Papuan universities are included in this research collaboration. This may represent an important step forward for developing a research-based response to HIV in Tanah Papua. However, a new [DFAT-funded research collaboration led by the University of New South Wales' Kirby Institute](#) focussed on improving uptake of HIV testing and treatment in Indonesia seems likely to bypass Tanah Papua, as the partners and research sites are in Java and Bali. The norm remains for Indonesia's HIV response, and the research behind it, to be Java-centric. Working in Tanah Papua may

require breaking new ground and forming new partnerships, but there are also established Papuan research centres that could be revitalised to advance HIV research. If nothing else, the health department's proposal to build an HIV hospital affirms that it is time to establish a research centre concerned with sexual and reproductive health in Tanah Papua to inform strategies for HIV prevention and control.

References

- Butt, L., G. Numbery, and J. Morin. 2002. Preventing AIDS in Papua: Revised Research Report. Unpublished report. <<http://www.papuaweb.org/dlib/tema/hiv-aids/butt-2002-prevent.pdf>>, viewed 28/10/2014.
- Gilks, C. F., S. Crowley, R. Ekpini, S. Gove, J. Perriens, Y. Souteyrand, and K. De Cock. 2006. The WHO Public-Health Approach to Antiretroviral Treatment against HIV in Resource-Limited Settings. *The Lancet* 368(9534): 505–10.
- Munro, J. 2014. Report from the Field: HIV/AIDS in West Papua, July–Sept 2013. *SSGM Working Paper* 2014/1. <http://ips.cap.anu.edu.au/sites/default/files/WP%202014_1%20Munro.pdf>
- Munro, J., and L. Butt. 2012. Compelling Evidence: Research Methods, Politics and HIV/AIDS in Papua, Indonesia. *The Asia Pacific Journal of Anthropology* 13(4): 334–51.
- Rees, S. and D. Silove. 2007. Speaking Out about Human Rights and Health in West Papua. *The Lancet* 370(9588): 637–39.
- Rothman, D.J. and E.A. Tynan. 1990. Advantages and Disadvantages of Special Hospitals for Patients with HIV Infection: A Report by the New York City Task Force on Single-Disease Hospitals. *New England Journal of Medicine* 323:764–68.
- Simonin, A., J. Bushee, and A. Courcaud. 2011. Social, Cultural and Political Factors in the Design of HIV Programmes with Papuan Highland Communities. *Culture, Health & Sexuality* 13(S2): S185–S199.

Author Notes

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Endnote

1. Tanah Papua, or Land of Papua, is a term commonly used by Papuans to refer to the western half of New Guinea, which was divided into two provinces (Papua and West Papua) in 2003.

